

# **Indiana State Police Methamphetamine Laboratory Occurrence Report**

This form complies with the statutory requirement set forth in IC 5-2-15-3.

**Date:** 05-06-2010

**Address:** 310 E. SCOTT ST APT C

**Case #:** 35F30516

VINCENNES, IN 47591

**County:** KNOX

**Type of Laboratory Seizure** (check one)

- ☒ Operational Lab  
☐ Chemical/Glassware/Equipment (only)  
☐ Dumpsite (only)

**Seizure Location** (check all that apply)

- ☒ Residence ☐ Hotel/Motel  
☐ Outbuilding ☐ Open – No Structure  
☐ Vehicle ☐ Other:

**Items Found: Location (bedroom, kitchen, open air, etc)**

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s): \_\_\_\_\_  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☒ Flammable Solvents: APT, DUMPSTER  
☒ Water Reactive Metal (Lithium): VEHICLE  
☒ Anhydrous Ammonia: APT  
☒ Hydrochloric Acid Gas Generator(s): APT, DUMPSTER  
☒ Corrosive Acid: APT  
☐ Corrosive Base: \_\_\_\_\_  
☐ Other (item and location): \_\_\_\_\_

**Child under age 18 discovered** (check one)

- ☐ Yes \_\_\_\_\_ (number present)  
☒ No

\*If yes, fax report to Child Protective Services

**Investigative Information**

- ☐ Ephedrine/Pseudoephedrine Tracking Log  
☐ Retail/Merchant Tip  
☐ Other: \_\_\_\_\_

**This report is to be faxed to the following agencies that serve the location:**

Fire Department: VINCENNES FD

Fax: \_\_\_\_\_

Health Department: KNOX CO HD

Fax: 812-882-5625

Child Protection Service: KNOX CO CPS

Fax: 812-882-4313

For further information regarding this methamphetamine laboratory, contact  
Investigating Officer: DOUG HUMPHREY Phone 812-867-2079

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.